



MAIL OR FAX APPLICATION TO:
 DMI INSURANCE SERVICES, INC.
 P. O. Box 248 Morgan Hill, CA 95038
 Phone (800)877-2525 Fax(408)778-0298
 "Automotive Program Specialists"

OKLAHOMA
Garage Insurance
State Specific Application

Named Insured: _____ Quote # _____

DBA: _____ EFFECTIVE DATE: _____

Unsigned & incomplete applications will be refused and no coverage will have been bound.

OKLAHOMA SPECIFIC COVERAGES / LIMITS SELECTION:

UNINSURED MOTORISTS COVERAGE - SELECTION OR REJECTION

A. Oklahoma Uninsured Motorists Coverage Law – Required Notice

Oklahoma law gives you the right to buy Uninsured Motorists Coverage in the same amount as your bodily injury liability coverage. THE LAW REQUIRES US TO ADVISE YOU OF THIS VALUABLE RIGHT FOR THE PROTECTION OF YOU, MEMBERS OF YOUR FAMILY (IF YOU ARE DESIGNATED IN THE DECLARATIONS AS AN INDIVIDUAL), AND OTHER PEOPLE WHO MAY BE HURT WHILE RIDING IN YOUR INSURED VEHICLE. YOU SHOULD SERIOUSLY CONSIDER BUYING THIS COVERAGE IN THE SAME AMOUNT AS YOUR LIABILITY INSURANCE COVERAGE LIMIT.

Uninsured Motorists Coverage, unless otherwise provided in your policy, pays for bodily injury damages to you, members of your family who live with you (if you are designated in the Declarations as an individual) and other people riding in your car who are injured by: (1) an uninsured motorist, (2) a hit-and-run motorist or (3) an insured motorist who does not have enough liability insurance to pay for bodily injury damages to any insured person. Uninsured Motorists Coverage, unless otherwise provided in your policy, protects you and family members who live with you while riding in any vehicle or while a pedestrian. THE COST OF THIS COVERAGE IS SMALL COMPARED WITH THE BENEFITS!

B. Mandatory Offer Uninsured Motorists Coverage

Please indicate your choices by initialing next to the appropriate item below.

1. Selection Of Uninsured Motorists Coverage

(Initials) _____	I/We select Uninsured Motorists Coverage at limits equal to my/our Bodily Injury Liability Coverage limits.
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2. Rejection Of Bodily Injury Uninsured Motorists Coverage

(Initials) _____	I/We reject the Company's offer to provide Uninsured Motorists Coverage on my/our policy.
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3. Lower Limit(s) For Uninsured Motorists Coverage

(Initials) _____	I / We reject Uninsured Motorists Coverage at limits equal to my/our Bodily Injury Liability Coverage and I/We select the following lower limits.
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\$50,000 \$75,000 \$100,000 \$200,000 \$250,000 \$300,000 \$350,000 \$500,000 \$1,000,000

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
 This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

INSURED'S SIGNATURE OF ACCEPTANCE _____

DATE _____

BROKER'S SIGNATURE OF COMPLETION _____

DATE _____